Facility ID: **SB704 -** \_\_\_\_\_

## **Verification - Agricultural Biomass to Energy Program**

Submit To: Attn: Tony Gonçalves

**California Energy Commission** 

AgBio Program

1516 Ninth Street, MS-45 Sacramento, CA 95814-5512

Facility Name:		1	Facility Owner:	
Facility Address:		:	Facility Owner Address:	
Air [	District Facilit	y ID:	Air District Permit to Operate No.:	
Air District:				
Air District Contact Person / Title:				
Tele	Telephone:		Telefax:	
Check all that apply				
	☐ This facility is permitted with the best available control technology to reduce air emissions.			
	This facility's emissions control equipment was in good working order and in compliance with all operating permits as of the date last verified by the Air District			
	Date last ve	erified by the Air District:		
	☐ This facility does not receive banked emission reduction credits pursuant to Health and Safety Code section 40709 for any Qualified Agricultural Biomass (QAB) it purchases.			
	□ No supplier of QAB to this facility receives banked emission reduction credits pursuant to Health and Safety Code section 40709 for any of the QAB supplied to the facility that is produced in the Air District.			
VERIFICATION				
I, (print name and title), as an authorized representative of the above noted Air District, hereby verify that the information provided in				
this form is true and correct to the best of my knowledge. This verification was prepared pursuant to the				
California Energy Commission's <i>Agricultural Biomass to Energy Program Guidebook</i> to assist the above noted facility to qualify for incentive payments from the Agricultural Biomass to Energy Program.				
Date	ed this	day of (month)	, <b>20</b> , at (year) (place of execution)	
		(monut)	(jour, (place of excellent)	
Signature:				

Note: All data submitted on this form is subject to public disclosure.